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| 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)], or electronically onMarch 14, 2008 | YI TO THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE | | | | | |
| | 10/821,624 October 16, 2007 | | | | | |
| Signature For | | | | | | |
| T) | | E | Examiner | | | |
| Typed or printed name Leslie Mills | Art Unit 3771 | | Shumaya B. Ali | | | |
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| Applicant hereby appeals to the Board of Patent Appeals and Interference | s from the last | decision of the exam | iner. | | | |
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| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the | e fee shown ab | ove is reduced | | | | |
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| applicant/inventor. | Σ | ten VI | r la | | | |
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| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. | (| Suy V. Tucker | | | | |
| (Form PTO/SB/96) | | Typed or printed name | | | | |
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| attorney or agent of record. | | () () = () () () () | | | | |
| Registration number 45,302 | - [,] | (415) 538 <u>1555</u> | | | | |
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| attorney or agent acting under 37 CFR 1.34. | | | | | | |
| Registration number if acting under 37 CFR 1.34. | | March 14, 200 | 8 | | | |
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| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | |
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| 0n | Alexandria, VA 22313-1450" [37 CFR 1.8(a)], or electronically. March 14, 2008 | | | Filed | | |
| | | 10/821,624 | | October 16, 2007 | | |
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| Toward as a single | | Art Unit | | Examiner | | |
| | Typed or printed name Leslie Mills | | | Shumaya B. Ali | | |
| Harrie | | 3771 | | Onamaya B. All | | |
| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. | | | | | | |
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| | assignee of record of the entire interest. | G | Suv V. Tucker | | | |
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| | Registration number if acting under 37 CFR 1.34. | March 14, 2008 | | | | |
| | | Date | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. | | | | | | |
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